

PART B - FEE(S) TRANSMITTAL

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07/12/2007

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08/28/2007 SFELEKE2 00000029 10798190

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| 8/24/2007 | (Date) |

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|--------------------|-----------|-------------|------------|----------------------|---------------|---------------------|-------------------|------------------|------|
| 01 FEE NO. | 700.00 | FILING DATE | 03/11/2004 | FIRST NAMED INVENTOR | James M. Hume | ATTORNEY DOCKET NO. | P-121896.0002.032 | CONFIRMATION NO. | 5304 |
| 02 APPLICATION NO. | 10798,190 | | | | | | | | |

TITLE OF INVENTION: LINER FOR WASTE WATER SYSTEM REHABILITATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 10/12/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------------|----------|----------------|
| FLETCHER III, WILLIAM P | 1762 | 427-230000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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|---|----------------------|-------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/798,190 | |
| | Filing Date | 03/11/2004 | |
| | First Named Inventor | James M. Hume | |
| | Art Unit | 1762 | |
| | Examiner Name | William P. Fletcher III | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 121896.0002.032 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B Notice of Allowance and Fees Due Credit Card Payment Form Return Post Card |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------|----------|-------|
| Firm Name | ROBERT C. CURFISS | | |
| Signature | | | |
| Printed name | ROBERT C. CURFISS | | |
| Date | 8/24/2007 | Reg. No. | 26540 |

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| Signature | | | |
| Typed or printed name | ROBERT C. CURFISS | Date | Aug 24, 2007 |

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